STATE OF SOUTH CAROLINA (Caption of Case)						BEFO PUBLIC SERV OF SOUT COVE DOCKET NUMBER:	ICE H C	Æ(AR	OMMISSION COLINA () - (1)
(Ple	ease type or print)				222 N 1			
Submitted by:		Pay Tel Communications, Inc.				SC Bar Number:	952 7410		
Ad	dress:	P.O. Box 8179	D. Box 8179 eensboro, NC 27419-8719			_ · · · · · · · · · · · · · · · · · · ·	336-852-7419 336-854-0496		
		Greensboro, N		./419-0/19		Other:			
						Email: tsmit	h@p	ayte	el.com
		DC lief demanded in horized Utility Re	peti	ition Requ		TION (Check all that apply or item to be placed on Comm		n's 4	Agenda expeditiously
INDUSTRY (Check one)				NATURE OF ACTION (Check all that Apply)					
	Electric			Affidavit		Letter			Request
	Electric/Gas			Agreement		Memorandum			Request for Certification
	Electric/Teleco	ommunications		Answer		Motion			Request for Investigation
	Electric/Water			Appellate Review		Objection			Resale Agreement
	Electric/Water	Telecom.		Application		Petition			Resale Amendment
	Electric/Water/Sewer			Brief		Petition for Reconsideration			Reservation Letter
	Gas			Certificate		Petition for Rulemaking			Response
	Railroad			Comments		Petition for Rule to Show Cau	se		Response to Discovery
	Sewer			Complaint		Petition to Intervene			Return to Petition
X	Telecommunic	ations		Consent Order		Petition to Intervene Out of T	ime		Stipulation
	Transportation			Discovery		Prefiled Testimony	ļ		Subpoena
	Water			Exhibit		Promotion			Tariff
	Water/Sewer			Expedited Consideration		Proposed Order			Other:
	Administrative	Matter		Interconnection Agreement		Protest			
	Other:			Interconnection Amendment		Publisher's Affidavit			
-			\Box	Late-Filed Exhibit	X	Report			



2600 Maitland Center Pkwy.

Suite 300

Maitland, FL 32751

P.O. Drawer 200

Winter Park, FL

32790-0200

Tel: 407-740-8575

Fax: 407-740-0613

www.tminc.com

Clerk's Office South Carolina Public Service Commission 101 Executive Center Dr. Columbia, SC 29210

RE: Pay Tel Communications, Inc

SC Authorized Utility Representative

Dear Sir or Madam:

Enclosed please find a copy of the SC Authorized Utility Representative, filed on behalf of Pay Tel Communications, Inc. No check is enclosed as there are no remittance fees due.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Kimberly Geuder

Compliance Reporting Specialist

cc: Tim Smith - Pay Tel Communications, Inc

file: Pay Tel Communications, Inc - Reporting - South Carolina

KG/rh

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: []IXC [X]CLEC []ILEC [] Wireless

		CERTIFICATED COMPANY	INFORMATION							
Pa	ay Tel Communications, Inc.									
	ompany Name									
00	ompany Name		336-852-7419)						
	Dba/fka		Telephone #							
	P.O. Box 8179		10.04	~						
	ailing Address									
	<u> </u>									
	reensboro, NC 27419-8719			OF A CO						
	ty, State, Zip Code									
	230 Beechwood Drive									
	siness Location									
	reensboro, NC 27410			=						
Ci	ty, State, Zip Code		County							
				α						
		REGISTERED AGENT IN	FURMATION							
_		. 0								
Reg	gistered Agen C T Corporation	n system								
Ма	iling Address: 75 Beattie Plac	e, Two Insignia Financial Pla	za							
	-									
Citv	, State, Zip Code: Greenvill	e, SC 29601								
•	, · · · ,	s and regulations, print or	type company conta	ct for the following ar						
<u>ıan</u>		es and regulations, print of	type company contac	ct for the following ar						
	Tim Smith									
٠.	General Manager (Include	Address if different than above	e)							
	336-852-7419	/ 336-854-0496	/tsmith@paytel.com							
	Telephone Number	/ Facsimile Number	/ E-mail Address							
	•									
	Customer Relations/Complaints Representative (Include Address if different than above)									
	Telephone Number	/ Facsimile Number	/ E-mail Address							
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
1.		aints Representative for Esca	lated Complaints (Includ	de address if						
	different than above.)	,	1							
	Talankan Alimak	/ Consider Norman	/ E mail Addraga							
	Telephone Number	/ Facsimile Number	/ E-mail Address							
2	800-729-8355	roc Numbor	And the second s							
2.	Customer Contact (Toll Fr	ee Number)								
			n abaya \							
	Engineering Operations (I	nclude address if different than	n above.)							
		/ Facilia Number	/ E-mail Address							
	Telephone Number	/ Facsimile Number	/ E-mail Address							
	Test and Repair (Include a	ddress if different than above.))							
	Telephone Number	/ Facsimile Number	/ E-mail Address							
	Emergencies (During non-c	office hours)								
	Emergencies (During non-c	office hours)	1							
	Emergencies (During non-o	office hours) / / Facsimile Number	/ / E-mail Address	Do. 1						

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

Tim Smith							
Regulatory Officer (Include Address if different than above)							
336-852-7419	/ 336-854-0496	/ tsmith@paytel.com					
Telephone Number	/ Facsimile Number	/ E-mail Address					
Kimberly Geuder							
Dual Party Mailing P.O. Drawer 200, V							
(Mailing Address)		_					
407-740-8575	/ 407-740-0613	/ kgeuder@tminc.com					
Telephone Number	/ Facsimile Number	/ E-mail Address					
Kimberly Geuder							
	Interim LEC Fund Mailings (Name) P.O. Drawer 200, Winter Park, FL 32790-0200						
(Mailing Address)							
407-740-8575	/ 407-740-0613	/ kgeuder@tminc.com					
Telephone Number	/ Facsimile Number	/ E-mail Address					
Kimberly Geuder							
Universal Service Fund Mailings (Name) P.O. Drawer 200, Winter Park, FL 32790-0200							
(Mailing Address)							
407-740-8575	/ 407-740-0613	/ kgeuder@tminc.com					
Telephone Number	/ Facsimile Number	/ E-mail Address					
Kimberly Geuder							
Gross Receipts Mailings (Name) P.O. Drawer 200, Winter Park, FL 32790-0200							
(Mailing Address)							
407-740-8575	/ 407-740-0613	/ kgeuder@tminc.com					
Telephone Number	/ Facsimile Number	/ E-mail Address					
Kimberly Geuder							
Lifeline Mailings (Name) P.O. Drawer 200, Winter Park, FL 32790-0200							
(Mailing Address)		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.					
407-740-8575	/ 407-740-0613	/ kgeuder@tminc.com					
Telephone Number	/ Facsimile Number	/ E-mail Address	-				
This is a second		Cimpotore					

This form was completed by

TECHNOLOGIES MANAGEMENT INC. Signature AS ATTORNEY-IN-FACT

OBIN NORTON, CONGULTANT

Date

RETURN COMPLETED FORM TO:

Title

Public Service Commission of SC

Attn: Clerk's Office Post Office Drawer 11649 Columbia, South Carolina 29211

<u>And</u>

Office of Regulatory Staff Attn: Jeanne Gordon 1401 Main Street, Suite 900 Columbia, South Carolina 29201

(Rev. PSC/ORS 08)

-10-13